

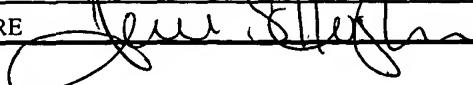
UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No.:	CM05023H
	First Inventor:	Britton, et al.
	Title:	METHOD FOR MITIGATING COLLISIONS ON A DATA CHANNEL UPON REQUEST FROM A SUBSCRIBER
	Express Mail Label No.:	EU737919816US

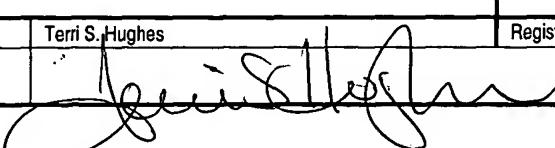
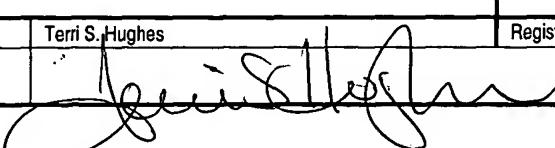
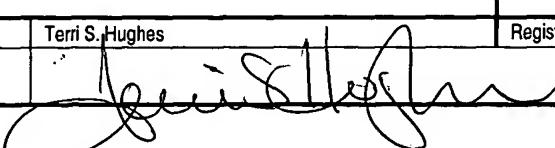
(Only for new nonprovisional applications under 37 CFR 1.53(b))

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2210/6416  
08/05/03

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)		ADDRESS TO:	Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate <small>(Submit an original and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status <small>See 37 CFR 1.27</small> 3. <input checked="" type="checkbox"/> Specification Total Pages <b>14</b> <small>(preferred arrangement set forth below)</small> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure  4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets <b>8</b> 5. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76  18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP)    Prior Appl. No. <input type="checkbox"/> Prior Appl. information:    Examiner: <input type="checkbox"/> Group/Art Unit: <input type="checkbox"/>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); ii. <input type="checkbox"/> or paper c. <input type="checkbox"/> Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) <input type="checkbox"/> Power of Attorney Statement (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> IDS <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 15. <input type="checkbox"/> Certified Copy of Priority Document 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____ _____ _____ _____	

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
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Country	U.S.A.	Telephone	(847) 576-0741	Fax	(847) 576-0721
Name	Terri S. Hughes			Registration No.	41,856
SIGNATURE				Date	August 5, 2003

<b>FEE TRANSMITTAL</b>				Complete if Known																																																																																																																																																															
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<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number <b>502117</b> Deposit Account Name <b>Motorola, Inc.</b>				<b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td></tr> <tr><td>1254</td><td>1450</td><td>2254</td><td>725</td></tr> <tr><td>1255</td><td>1970</td><td>2255</td><td>985</td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td></tr> <tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td></tr> <tr><td>1453</td><td>1300</td><td>2453</td><td>650</td></tr> <tr><td>1501</td><td>1300</td><td>2501</td><td>650</td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>375</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr> <td colspan="4">           **OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.            *For Reissues, see above         </td> <td colspan="4">           * Reduced by Basic Filing Fee paid    <b>SUBTOTAL (3) \$40.00</b> </td> </tr> <tr> <td colspan="4">SUBMITTED BY</td> <td colspan="4">Complete (if applicable)</td> </tr> <tr> <td>Name (Print/Type)</td> <td colspan="3">Terri S. Hughes</td> <td>Registration No.</td> <td>41,856</td> <td>Telephone</td> <td>(847) 576-0741</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> <td>Date</td> <td colspan="3">August 5, 2003</td> </tr> </tbody> </table>				Large Entity		Small Entity		Fee Code	Fee (\$)	Fee Code	Fee (\$)	1051	130	2051	65	1052	50	2052	25	1053	130	1053	130	1812	2520	1812	2520	1804	920*	1804	920*	1805	1840*	1805	1840*	1251	110	2251	55	1252	410	2252	205	1253	930	2253	465	1254	1450	2254	725	1255	1970	2255	985	1401	320	2401	160	1402	320	2402	160	1403	280	2403	140	1451	1510	1451	1510	1452	110	2452	55	1453	1300	2453	650	1501	1300	2501	650	1502	470	2502	235	1503	630	2503	315	1460	130	1460	130	1807	50	1807	50	1806	180	1806	180	8021	40	8021	40	1809	750	2809	375	1810	750	2810	375	1801	750	2801	375	1802	900	1802	900	Other fee (specify) _____				**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE. *For Reissues, see above				* Reduced by Basic Filing Fee paid <b>SUBTOTAL (3) \$40.00</b>				SUBMITTED BY				Complete (if applicable)				Name (Print/Type)	Terri S. Hughes			Registration No.	41,856	Telephone	(847) 576-0741	Signature				Date	August 5, 2003		
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